For Office Use Only:	AI#
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Print Name

Application for Approval to Construct, Install, or Alter Stage II Vapor Recovery Controls for Transfer of Service Station Fuels at Individual Facilities

Louisiana Department of Environmental Quality Engineering Group 1/Technology Division P.O. Box 4314 Baton Rouge, LA 70821-4314 Instructions: Type or Print carefully in ink (Illegible applications will be returned). Complete both pages of the application. For assistance, call (225) 219-3600. Stage II Equipment Owner Mailing Address City _____ State ____ Zip ____ Gasoline Dispensing Facility Information Full Legal Business Name Facility Location Facility Operator _____ Telephone No. _____ Federal Tax ID # _____ Facility's Local Name ____ Contractor/Installer Information Telephone No. The information supplied on this application VEM-20 is true and correct to the best of my knowledge. Signature of Authorized Officer Date

If application is for the construction of a new Stage II facility, enclose a **nonrefundable** \$132 application approval fee as required by LAC 33:III.223. Return application to the address at the top of this page. This form is to be used for Stage II Vapor Recovery Only.

Title

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Stage II Vapor Reco Page 2	very Application		
List the type of Stage Ex. Order #:	II Vapor Recovery eq	quipment that will be inst	alled at this location and California
LAC 33:III.2132.B.6. include specifications	(Attach blueprint, a determined in the lation of vent risers a	Executive Order includ	ing plans pursuant to oted. The piping diagram should ing but not limited to: pipe application that does not include
FOR DI	EPARTMENT USE (ONLY – DO NOT WRIT	E BELOW THIS LINE
Application for approvis:	val to construct, instal		cated Stage II vapor recovery system Denied
Reason for Denial:	No Piping	ed Controls Diagram Provided correct Fee Provided	Application is Illegible No Signature Other (explained below)
AI#	Date:	Reviewed by:	
If application is approv Operate must be kept of			at a later date. The Certificate to

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